



Affix Patient I.D. Here

COMPLETE THIS FORM IF CAST THERAPY IS DISCONTINUED PERMANENTLY

1 Date CAST therapy discontinued permanently: DATE24
mo dy yr

STUDY DRUG AT TIME DISCONTINUED

2 To which CAST therapy had patient been assigned?

DRUG24 ☐₁ CAST-ENC ☐₂ CAST-FLEC ☐₃ CAST-MORDOSE24 ☐₁ Dose 1 ☐₂ Dose 2 ☐₃ Other: mg/day

PRIMARY REASON FOR DISCONTINUATION (Check only one)

- 3 REASON24 ☐₁ Disqualifying VT (Complete VT form, CAST 21)
☐₂ Proarrhythmia (Complete Adverse Symptoms form, CAST 08)
☐₃ Disqualifying ECG effect (Complete Adverse Symptoms form, CAST 08)
☐₄ Congestive Heart Failure (Complete New or Worsened CHF form, CAST 19)
☐₅ Other adverse clinical symptom (Complete Adverse Symptoms form, CAST 08)
☐₆ Institution of other antiarrhythmic therapy for AF or other arrhythmia requiring treatment
☐₇ Patient refusal
☐₈ Physician refusal
☐₉ Other (specify):

THERAPY ASSIGNED

4 Individualized therapy assigned:

- TXASN24 ☐₁ No antiarrhythmic therapy
☐₂ Non-CAST antiarrhythmic therapy

Date started: / / DTASN24
mo dy yrspecify:

Complete Concurrent Drugs form, CAST 09

Name of person filling out form

 Code NumberINDTX
CAST 24.01
6/18/87
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